STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087117	A. BUILDING: _____ B. WING _____	07/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC CHARITIES ADULT DAY SERVICES	5920 W CENTRAL ST WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above adult day care facility on 7/14/14, 7/15/14, and 7/16/14.	S 000		
S2175 SS=E	26-43-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-43-204(d) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 2 (#110 and #130) of 3 residents sampled, the operator failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Record review for resident #110 revealed an admission date of 1/8/14 and a diagnosis of dementia. The functional capacity screen dated 12/10/13 indicated the resident required supervision with dressing, toileting, transferring, walking, and eating; was unable to perform management of medications; required physical assistance with management of treatments; experienced impaired short-term memory, decision making, and memory recall; and was at risk for falls. The NSA dated 12/10/13 contained health care services of medication administration	S2175		

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S2175	Continued From page 1 by licensed nurse as prescribed, monthly monitoring of blood pressure and weight, management of medical treatments, cut up meat at meals, and assistance as needed with walking and toileting. The NSA contained the name of licensed nurse #F as the registered nurse responsible for the nursing plan. - Record review for resident #130 revealed an admission date of 3/6/13 and a diagnosis of brain damage due to hypoxia. The functional capacity screen dated 2/17/14 indicated the resident required physical assistance with dressing, mobility, and eating; supervision with transferring; unable to perform management of medications and treatments; experienced impaired short-term memory, decision making, and memory recall; and was at risk for falls. The NSA dated 2/17/14 contained health care services medication administration by licensed nurse as prescribed, monthly monitoring of blood pressure and weight, management of medical treatments, and assistance as needed with transferring and walking. The NSA contained the name of licensed nurse #F as the registered nurse responsible for the nursing plan. At 3:50 p.m. on 7/15/14, the operator confirmed licensed #F no longer worked at the facility and was not the nurse responsible for the implementation and supervision of the plan. The operator failed to ensure the NSA for residents #110 and #130 contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S2175		
S2233 SS=F	26-43-205 (g) (3) Over the counter medication	S2233		

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S2233	Continued From page 2 (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-43-205(g)(3) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review, interview, and observation for 2 (#120 and #130) of 3 residents sampled and any other residents receiving over-the counter medications, the licensed nurse failed to ensure residents received over-the-counter medications from the original over-the-counter medication package that the licensed nurse labeled with the full name of the resident. Findings included: - Record review for resident #120 revealed an admission date of 9/18/13 and a diagnosis of dementia. The functional capacity screen (FCS) dated 9/16/13 indicated the resident was unable to perform management of medications and treatments. The negotiated service agreement (NSA) dated 9/16/13 contained documentation that the licensed nurse administered medications	S2233		

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S2233	Continued From page 3 as prescribed. The record contained standing orders signed by a medical care provider for over-the counter medications on an as needed basis. Review of documentation of medication administration to resident #120 revealed the resident received acetaminophen 500 milligrams one tablet on 2/10/14, and 4/3/14 and two tablets on 1/23/14 for limping and difficulty standing. Resident received 1 tablet of acetaminophen 500 milligrams on 1/24/14 for cold symptoms. - Record review for resident #130 revealed an admission date of 3/6/13 and a diagnosis of brain damage due to hypoxia. The FCS dated 2/17/14 indicated the resident was unable to perform management of medications and treatments. The NSA dated 2/17/14 contained documentation that the licensed nurse administered medications as prescribed. The record contained standing orders signed by a medical care provider for over-the counter medications on an as needed basis. Review of documentation of medication administration to resident #130 revealed the resident received acetaminophen 500 milligrams 2 tablets on 5/28/14 for complaint of a headache. At 1:45 p.m. on 7/14/14 licensed nurse #E confirmed residents #120 and #130 had standing orders for over-the counter medications to be given as needed. Licensed nurse #E unlocked the medication cart and removed from the top drawer a bottle of acetaminophen, a bottle of ibuprofen, a package of stomach relief tablets, and a package of anti-diarrhea tablets. Licensed nurse #E removed a tube of antibiotic cream from a cabinet. None of the over-the-counter containers or packages contained the full name of an individual resident. Licensed nurse #E stated he/she administered these medications to any resident who required the medication.	S2233		

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S2233	Continued From page 4 At 3:45 p.m. on 7/15/14, the operator confirmed each resident did not have over-the-counter medications received by the licensed nurse and labeled by the licensed nurse with the resident's full name. For residents #120, #130, and any other residents receiving over-the-counter medications, the licensed nurse failed to ensure residents received over-the-counter medications from the original over-the-counter medication package that the licensed nurse labeled with the full name of the resident.	S2233		
S2235 SS=F	26-43-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication	S2235		

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S2235	Continued From page 5 aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-43-205(h)(1) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review, interview, and observation for all residents, the licensed nurse failed to ensure only the licensed nurse had access to stored medications. - During tour of the facility at 10:15 a.m. on 7/14/14, observed a locked medication cart in the nurse's office. At 1:45 p.m. on 7/14/14 licensed nurse #E stated residents received over-the-counter medications as needed while in the adult day care. Licensed nurse #E unlocked the medication cart and removed from the top drawer a bottle of acetaminophen, a bottle of ibuprofen, a package of stomach relief tablets, and a package of anti-diarrhea tablets. Licensed nurse #E removed a tube of antibiotic cream from a cabinet. At 2:45 p.m. on 7/14/14, licensed nurse #E stated he/she was leaving for the day and left keys to	S2235		

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S2235	Continued From page 6 the nurse's office and medication storage at the front desk. At 3:07 p.m. on 7/14/14 the person at the front desk, when asked where the medication storage keys were kept, removed a key ring holding several keys from a drawer under the computer monitor. Went with operator to the nurse's office and operator used a key from the key ring to open the door to the nurse's office. A key on the key ring unlocked the medication storage cart. At 3:40 p.m. on 7/15/14, the operator confirmed the licensed nurse failed to ensure only the licensed nurse had access to stored medications.	S2235		
S2280 SS=F	26-43-102 (d) Staff Qualifications Employee Records d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home,	S2280		

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S2280	Continued From page 7 from the nurse aide registry in each state in which the individual has been known to work. This REQUIREMENT is not met as evidenced by: KAR 26-43-102(d)(2)(3) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 4 of 4 certified employee files reviewed, the operator failed to ensure each employee file contained supporting documentation of a criminal background check requested through the department and supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Findings included: - Review of employee files for certified nursing assistant (CNA) #A hired 3/10/14, CNA #B hired 2/11/13, CNA #C hired 7/9/13, and CNA #D hired 10/1/13 revealed the lack of a criminal background check through the department and documentation from the Kansas nurse aide registry the CNA did not have a finding of having abused, neglected, or exploited a resident in an adult care home. At 3:20 p.m. on 7/14/14, the operator stated human resources obtained criminal background checks for employees through several sources but not through the department. Operator telephoned the contract registered nurse responsible for obtaining nurse aide registry verification. Contract registered nurse stated he/she did obtain the verification when each CNA was hired but destroyed the documentation after	S2280		

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S2280	Continued From page 8 checking the nurse aide registry again for each CNA on 5/24/14. For 4 of 4 certified employee files reviewed, the operator failed to ensure each employee file contained supporting documentation of a criminal background check requested through the department and supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S2280		
S2330 SS=F	26-43-104 (d) Disaster and Emergency Preparedness Education d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-43-104(d)(3) The facility reported a census of 12 residents.	S2330		

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S2330	Continued From page 9 The sample included 3 residents. Based on interview for all employees and residents, the operator failed to conduct a quarterly review of the facility's emergency management plan with employees and residents to ensure disaster and emergency preparedness. Findings included: - At 11:45 a.m. on 7/14/14, the operator stated employees reviewed the entire emergency management plan 1 time a year. Operator stated residents did not participate in a review of the entire plan. For all employees and residents, the operator failed to conduct a quarterly review of the facility's emergency management plan with employees and residents to ensure disaster and emergency preparedness.	S2330		